

EXHIBIT “13”



ARIF S. IZMIRLIGIL, D.D.S.

4665 Nesconset Hwy.
Port Jefferson Station, NY 11776

Telephone: (631) 642-1600
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February 10, 2016

Claims Administrator
C/O Rust Consulting, Inc.
P.O Box 2445
Faribault, MN 55021-9140

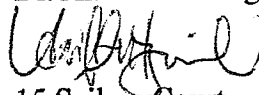
Via Certified Return Receipt Mail No: 7015 1520 0002 6826 5378

RE: My exclusion request from the proposed Settlement Class in the Almanzar Class Action,
Case No: 14-CV-22586 (Moreno), Almanzar v. SPS, Inc. et al.

ATTENTION TO THE CLAIMS ADMINISTRATOR, C/O RUST CONSULTING, INC:

I, Dr. Arif S. Izmirligil, hereby request that I be excluded from the proposed Settlement Class in the Almanzar Class Action and I am "opting out" the proposed Settlement Class against SPS, Inc., Credit Suisse, Inc., SGIC; ASIC, and Assurant, Inc; because I belong to a different Class which I'll be initiating (and/or already have initiated) my own lawsuit against the defendants, SPS, Inc., ASIC, Assurant, Inc., their affiants and their attorneys in the District Court, EDNY for different causes of action against some defendants similar to the Almanzar Case, but not exactly the same defendants and not exactly for the same causes of action.

CC: David L. Singer, Esq.

Regards,
Dr. Arif S. Izmirligil,

15 Sailors Court
Miller Place, NY. 11764
(631) 928-7660
yesizm@aol.com

SENDER, COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CLAIMS ADMINISTRATOR
C/O RUST CONSULTING, INC.
P.O. BOX 2445
FARIBAULT, MN 55021-9140



9590 9402 1268 5246 2050 70

2. Article Number (Transfer from service label)

7015 1520 0002 6826 5378

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *[Signature]*☒ Agent☐ Addressee

B. Received by (Printed Name)

Sean Young

C. Date of Delivery

2-22-16

D. Is delivery address different from item 1? ☐ Yes
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☐ Adult Signature Restricted Delivery
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☐ Return Receipt for Merchandise
☐ Signature Confirmation™
☐ Signature Confirmation Restricted Delivery

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FARIBAULT MN 55021

Certified Mail Fee

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Extra Services & Fees (check box, add fee as appropriate)

- ☐ Return Receipt (hardcopy) \$ 2.80
☐ Return Receipt (electronic) \$ 0.00
☐ Certified Mail Restricted Delivery \$ 0.00
☐ Adult Signature Required \$ N/A
☐ Adult Signature Restricted Delivery \$ N/A

Postage

\$

\$0.49

Total Postage and Fees

\$

\$6.74

Sent To CLAIMS ADMINISTRATOR

C/O RUST CONSULTING, INC.

Street and Apt. No., or PO Box No.

P.O. BOX 2445

City, State, ZIP+4®

Faribault, MN 55021-9140

PS Form 3800, April 2015 PSN 7530-02-000-9047

See Reverse for Instructions